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**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MPA/173818

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**PRELIMINARY RECITALS**

Pursuant to a petition filed April 18, 2016, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance (MA), a hearing was held on May 25, 2016, at Racine, Wisconsin.

The issue for determination is whether the Department correctly denied the petitioner's prior authorization request for a Mandibular (Lower) Partial Denture.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

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Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: [REDACTED], DDS

Division of Health Care Access and Accountability  
1 West Wilson Street, Room 272  
P.O. Box 309  
Madison, WI 53707-0309

**ADMINISTRATIVE LAW JUDGE:**

Corinne Balter  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. The petitioner is a resident of Racine County. The petitioner receives MA.
2. On March 9, 2016 the petitioner's dental provider submitted a prior authorization request for a Maxillary (Upper) Complete Denture and a Mandibular (lower) Partial Denture.

3. On March 22, 2016 the Department sent the petitioner a notice stating that they had approved the request for the Maxillary (Upper) Complete Denture, but had denied the request for the Mandibular (lower) Partial Denture.
4. The Department denied the lower partial denture because the petitioner's periodontal health was not sufficient enough to qualify. They noted the state of the remaining lower teeth, the degree of bone loss in her mandible, and 5 mm pockets on teeth #20 and #21.
5. On April 22, 2016 the Division of Hearings and Appeals received the petitioner's Request for Fair Hearing.

### **DISCUSSION**

Medical assistance requires prior authorization before a person can receive a partial denture. Wis. Admin. Code § DHS 107.07(2)(a)3.b. For denture approval, Medical Assistance policy requires the recipient to have "good oral health and hygiene, good periodontal health,... and a favorable prognosis where continuous deterioration of teeth and periodontal health is not expected." See Online *Medicaid Handbook*, Topic #2895.

The department's dental consultant and the petitioner's dentist disagree about whether her oral and periodontal health will allow her to wear the dentures successfully. Dr. [REDACTED], writing for the department, writes that "the state of the member's remaining lower teeth and the degree of bone loss in her mandible, as well as 5 mm pocket depth on Teeth #21, 21, indicate the prognosis for the partial denture is not favorable" (Exhibit 3 p.2). The petitioner states that she had her previous partial for more than five years. The only reason she needs a replacement is because the partial broke.

The petitioner's provider does not specifically comment on the petitioner's oral and periodontal health. The provider submitted the request. The request includes charting and x-rays that appear to support the Department's denial. If the petitioner's provider has additional information, the provider may always submit a new prior authorization request for the Department's review.

### **CONCLUSIONS OF LAW**

The Department correctly denied the petitioner's prior authorization request for a Mandibular (Lower) Partial Denture.

**THEREFORE, it is**

**ORDERED**

That the petition is dismissed.

### **REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

### APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 7th day of June, 2016

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\sCorinne Balter  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on June 7, 2016.

Division of Health Care Access and Accountability